

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12017</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2007</u> Through: <u>12 / 31 / 2007</u>
3. Name and address of person filing. Name <u>Michael R. Carfagno</u> P.O. Box, Bldg., Room No., if any _____ Street <u>352 FENWICK LANE</u> City <u>SOMERDALE</u> State <u>NEW JERSEY</u> ZIP Code + 4 <u>08033</u>	4. Name, file number, and address of labor organization. Name <u>LABORERS' LOCAL 57</u> Labor Organization File Number <u>008037</u> P.O. Box, Building and Room Number, if any _____ Street <u>500-506 N. 6TH STREET</u> City <u>Philadelphia</u> State <u>PENNSYLVANIA</u> ZIP Code + 4 <u>19123</u>
5. Position in labor organization. <u>Secretary-Treasurer / Field Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Michael R. Carfagno</u>	On <u>8/15/07</u> Date <u>856-783-5631</u> Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing _____</p> <hr/> <p>11.b. Approximate dollar value of such dealing. _____</p> <hr/> <p>12.a. Nature of interest held or income received. _____</p> <hr/> <p>12.b. Amount. _____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>JAMES J. ANDERSON CO. INC.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 200</u></p> <p>Street <u>6958 TORRESDALE AVE</u></p> <p>City <u>Philadelphia</u></p> <p>State <u>PENNSYLVANIA</u> ZIP Code + 4 <u>19133</u></p>	<p>14.a. Nature of payment.</p> <p><i>Received unsolicited thanksgiving Fruit Basket, estimated value of \$75.00</i></p> <p><i>The Fruit Basket was given away.</i></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><i>Estimated at \$75.00</i></p>



August 15, 2005

U.S. Dept. of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Ave, N.W.  
Room N-5216  
Washington, D.C. 20210

Re: Form LM 30 Filing for Michael R. Coughlin, Labor -  
Local 57

Dear Sir or Madam:

Enclosed is my Labor Organization Office and Employee  
Report LM-30 for the said reporting period. In filing the  
report, I have reviewed all of my available 2004  
records as well as my recollection. I have provided my  
best estimate or an estimated price range for the value  
of the benefit received where I have no knowledge as to an exact  
amount.

This filing reflects my good faith effort to comply with the LM-30  
reporting provision and in doing so, I have relied upon the auditing  
guidance from the Department. The enclosed materials represent  
my best recollection and estimate of all lawfully reported benefits that  
I received in 2004.

Sincerely  
Michael R. Coughlin